

## CLAIMS ONLY

Application Number  
10519854

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				
	Indep	Depend	Indep	Depend	Indep	Depend			
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50									
Total Indep									
Total Depend									
Total Claims									

